



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 2, 2006

Amanda Olsen, Administrator
Aspen Grove Assisted Living - Gooding
745 California Ave
Gooding, ID 83330

License #: RC-493

Dear Ms. Olsen:

On September 5, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Gooding. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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September 13, 2006

Denise Dye Donnell, Administrator
Aspen Grove Assisted Living - Gooding
745 California Ave
Gooding, ID 83330

FILE COPY

Dear Ms. Donnell:

On September 5, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Gooding. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 5, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

| | | | | |
|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R493 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 09/05/2006 |
| NAME OF PROVIDER OR SUPPLIER ASPEN GROVE ASSISTED LIVING - GOODING | | STREET ADDRESS, CITY, STATE, ZIP CODE 745 CALIFORNIA AVE GOODING, ID 83330 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R9999 | <p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on Sept 5, 2006. The surveyors conducting the survey was:</p> <p>Eric Mundell Team Leader Health Facility Surveyor</p> <p>Chris Laumann Life/Safety Surveyor</p> | R9999 | | |

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

6899

B8E521

If continuation sheet 1 of 1



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P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING
Non-Core Issues
Punch List

| | | |
|--|---|---------------------------------------|
| Facility Name Aspen Grove Assisted Living | Physical Address 745 California Ave | Phone Number (208) 934-5506 |
| Administrator Amranda Olsen 539-2006 | City Gooding | ZIP Code 83330 |
| Survey Team Leader Eric Mundell 208 788 9690 | Survey Type Fire Life Safety | Survey Date 5 Sept 2006 |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED |
|--------|-------------------|--|---------------------------|
| 1 | 16.03.22.405.05 | <u>Maintenance</u> : Hot water temperature was recorded at 132.6° Fahrenheit. Maximum is 120°F. | 9/5/06 <i>cor</i> |
| 2 | 16.03.22.405.01.6 | An extension cord was in use in sleeping room #3. It was not a surge protector. | 9/5/06 <i>cor</i> |
| 3 | 16.03.22.405.03 | <u>Medical Offices</u> : Trans-filling is occurring in the garage. The room was used for other purposes as well and not solely for Transfiling. The room did not have a ceramic tile/cement floor finished surface and the area was not sprinklered and mechanically ventilated. | delay 10/15/06 <i>cor</i> |
| 4 | 16.03.22.750.03 | <u>Fuel-Fired Heating</u> : There was no documentation to show the furnace had been inspected annually as required. | 9/28/06 <i>cor</i> |
| 5 | 16.03.22.750.05a | <u>Fire Alarm Service/Testing</u> : The results of the fire alarm testing for the current inspection was not maintained on file. | 9/13/06 <i>cor</i> |
| | | | |
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| | | | |

Response Required Date
October 5, 2006

Signature of Facility Representative

[Signature]

RECEIVED
OCT 11 2006
FACILITY STANDARDS